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Implementation of the international drug control treaties: changes in the scope of control of substances

Changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization

Note by the Secretariat

Summary

The present document contains recommendations for action to be taken by the Commission on Narcotic Drugs pursuant to the international drug control treaties.

In accordance with article 3 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Commission will have before it for consideration a proposal from the World Health Organization concerning a recommendation to place carfentanil in Schedules I and IV of the 1961 Convention; and to place ocfentanil, furanylfentanyl, acryloylfentanyl (acrylfentanyl), 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF), and tetrahydrofuranylfentanyl (THF-F) in Schedule I of that Convention.

In accordance with article 2 of the Convention on Psychotropic Substances of 1971, the Commission will have before it for consideration a proposal from the World Health Organization concerning a recommendation to place AB-CHMINACA, 5F-MDMB-PINACA (5F-ADB), AB-PINACA, UR-144, 5F-PB-22, and 4-fluoroamphetamine (4-FA) in Schedule II of the 1971 Convention.

Comments provided by Governments on factors relevant to the proposed scheduling under the 1961 Convention, as well as comments on economic, social, legal, administrative and other factors relevant to the proposed scheduling under the 1971 Convention will be issued in an addendum to the present note (E/CN.7/2018/10/Add.1).

* E/CN.7/2018/1

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I. Consideration of the notification from the World Health Organization concerning scheduling under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

1. Pursuant to article 3, paragraphs 1 and 3, of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Director-General of the World Health Organization (WHO), in correspondence dated 27 November 2017, notified the Secretary-General of the United Nations that WHO recommended that carfentanil should be placed in Schedules I and IV of the 1961 Convention and that ocfentanil, furanylfentanyl, acryloylfentanyl (acrylfentanyl), 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) and tetrahydrofuranylfentanyl (THF-F) should be placed in Schedule I of the 1961 Convention (see annex for the relevant extract of that notification).

2. In accordance with the provisions of article 3, paragraph 2, of the 1961 Convention, the Secretary-General transmitted to all Governments, on 28 December 2017 and 18 January 2018, a note verbale, annexing the notification and the information submitted by WHO in support of that recommendation.

Action to be taken by the Commission on Narcotic Drugs

3. The notification from the Director-General of WHO is before the Commission on Narcotic Drugs for its consideration, in accordance with the provisions of article 3, paragraphs 3 (iii) and 5, of the 1961 Convention, which read as follows:

> "3. (iii) If the World Health Organization finds that the substance is liable to similar abuse and productive of similar ill effects as the drugs in Schedule I or Schedule II or is convertible into a drug, it shall communicate that finding to the Commission which may, in accordance with the recommendation of the World Health Organization, decide that the substance shall be added to Schedule I or Schedule II.
>
> "5. If the World Health Organization finds that a drug in Schedule I is particularly liable to abuse and to produce ill effects (paragraph 3) and that such liability is not offset by substantial therapeutic advantages not possessed by substances other than drugs in Schedule IV, the Commission may, in accordance with the recommendation of the World Health Organization, place that drug in Schedule IV."

4. With regard to the decision-making process, the attention of the Commission is drawn to rule 60 of the rules of procedure of the functional commissions of the Economic and Social Council, which stipulates that decisions shall be made by a majority of the members present and casting an affirmative or negative vote. Members which abstain from voting are considered as not voting.

5. The Commission should therefore decide:

(a) Whether it wishes to include carfentanil in Schedules I and IV of the 1961 Convention or not;

(b) Whether it wishes to include ocfentanil in Schedule I of the 1961 Convention or not;

(c) Whether it wishes to include furanylfentanyl in Schedule I of the 1961 Convention or not;

(d) Whether it wishes to include acryloylfentanyl (acrylfentanyl) in Schedule I of the 1961 Convention or not;

(e) Whether it wishes to include 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) in Schedule I of the 1961 Convention or not;

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(f) Whether it wishes to include tetrahydrofuranylfentanyl (THF-F) in Schedule I of the 1961 Convention or not.

II. Consideration of a notification from the World Health Organization concerning scheduling under the Convention on Psychotropic Substances of 1971

6. Pursuant to article 2, paragraphs 1 and 4, of the Convention on Psychotropic Substances of 1971, the Director-General of WHO, in correspondence dated 27 November 2017, notified the Secretary-General that WHO recommended placing AB-CHMINACA, 5F-MDMB-PINACA (5F-ADB), AB-PINACA, UR-144, 5F-PB-22, and 4-fluoroamphetamine (4-FA) in Schedule II of the 1971 Convention (see annex for the relevant extract of that notification).

7. In accordance with the provisions of article 2, paragraph 2, of the 1971 Convention, the Secretary-General transmitted to all Governments, on 28 December 2017 and 18 January 2018, a note verbale annexing the notification and the information submitted by WHO in support of its recommendations.

Action to be taken by the Commission on Narcotic Drugs

8. The notification by the Director-General of WHO is before the Commission on Narcotic Drugs for consideration, in accordance with the provisions of article 2, paragraph 5, of the 1971 Convention, which reads as follows:

> The Commission, taking into account the communication from the World Health Organization, whose assessments shall be determinative as to medical and scientific matters, and bearing in mind the economic, social, legal, administrative and other factors it may consider relevant, may add the substance to Schedule I, II, III or IV. The Commission may seek further information from the World Health Organization or from other appropriate sources.

9. With regard to the decision-making process, the attention of the Commission is drawn to article 17, paragraph 2, of the 1971 Convention, which stipulates that the decisions of the Commission provided for in articles 2 and 3 shall be taken by a two-thirds majority of the members of the Commission. From a practical point of view, this means that, for a decision to be adopted, an affirmative vote of at least 35 members of the Commission is required.

10. The Commission should therefore decide:

(a) Whether it wishes to place AB-CHMINACA under Schedule II of the 1971 Convention or, if not, what other action, if any, might be required;

(b) Whether it wishes to place 5F-MDMB-PINACA (5F-ADB) under Schedule II of the 1971 Convention or, if not, what other action, if any, might be required;

(c) Whether it wishes to place AB-PINACA under Schedule II of the 1971 Convention or, if not, what other action, if any, might be required;

(d) Whether it wishes to place UR-144 under Schedule II of the 1971 Convention or, if not, what other action, if any, might be required;

(e) Whether it wishes to place 5F-PB-22 under Schedule II of the 1971 Convention or, if not, what other action, if any, might be required;

(f) Whether it wishes to place 4-fluoroamphetamine (4-FA) under Schedule II of the 1971 Convention or, if not, what other action, if any, might be required.

Annex

Extract of the notification from the Director-General of the World Health Organization to the Secretary-General dated 27 November 2017 concerning the scheduling of substances under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, and the Convention on Psychotropic Substances of 1971, including the relevant extract from the thirty-ninth report of the Expert Committee on Drug Dependence

With reference to article 2, paragraphs 1 and 4, of the Convention on Psychotropic Substances (1971) and article 3, paragraphs 1 and 3, of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, I am pleased to submit recommendations of the World Health Organization (WHO) as follows:

To be placed in Schedules I and IV of the Single Convention on Narcotic Drugs (1961):

Carfentanil
chemical name: Methyl 1-(2-phenylethyl)-4-[phenyl(propanoyl)amino] piperidine-4-carboxylate

To be placed in Schedule I of the Single Convention on Narcotic Drugs (1961):

Ocfentanil
chemical name: *N*-(2-Fluorophenyl)-2-methoxy-*N*-[1-(2-phenylethyl)piperidin-4-yl]acetamide

Furanylfentanyl
chemical name: *N*-Phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide

Acryloylfentanyl (Acrylfentanyl)
chemical name: *N*-Phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]prop-2-enamide

4-Fluoroisobutyrfentanyl (4-FIBF, pFIBF)
chemical name: *N*-(4-Fluorophenyl)-2-methyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]propenamide

Tetrahydrofuranylfentanyl (THF-F)
chemical name: N-Phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]oxolane-2-carboxamide

To be placed in Schedule II of the Convention on Psychotropic Substances of 1971:

AB-CHMINACA
chemical name: *N*-[(2*S*)-1-Amino-3-methyl-1-oxobutan-2-yl]-1-(cyclohexylmethyl)-1*H*-indazole-3-carboxamide

5F-ADB/5F-MDMB-PINACA
chemical name: Methyl (2*S*)-2-{[1-(5-fluoropentyl)-1*H*-indazole-3-carbonyl]amino}-3,3-dimethylbutanoate

AB-PINACA
chemical name: *N*-[(2*S*)-1-Amino-3-methyl-1-oxobutan-2-yl]-1-pentyl-1*H*-indazole-3-carboxamide

UR-144
chemical name: (1-Pentyl-1*H*-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl) methanone

5F-PB-22
chemical name: Quinolin-8-yl 1-(5-fluoropentyl)-1*H*-indole-3-carboxylate

4-Fluoroamphetamine (4-FA)
chemical name: 1-(4-Fluorophenyl)propan-2-amine

In addition, the Expert Committee on Drug Dependence recommended that a critical review be carried out at a subsequent Expert Committee meeting for:

Preparations containing almost exclusively cannabidiol (CBD)
chemical name: (1'*R*,2'*R*)-5'-Methyl-4-pentyl-2'-(prop-1-en-2-yl)-1',2',3',4'-tetrahydro-[1,1'-biphenyl]-2,6-diol

Pregabalin
chemical name: (3*S*)-3-(Aminomethyl)-5-methylhexanoic acid

Tramadol
chemical name: *rac*-(1*R*,2*R*)-2-[(Dimethylamino)methyl]-1-(3-methoxyphenyl) cyclohexan-1-ol

It also recommended to continue to keep the following substance under surveillance:

Etizolam (INN)
chemical name: 4-(2-Chlorophenyl)-2-ethyl-9-methyl-6*H*-thieno[3,2-*f*][1,2,4] triazolo[4,3-*a*][1,4]diazepine

The recommendations and the assessments and findings on which they are based are set out in detail in the thirty-ninth report of the Expert Committee on Drug Dependence, which is the Committee that advises me on these issues.

Extract from the thirty-ninth report of the Expert Committee on Drug Dependence

Substances recommended to be placed in Schedule I and IV of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

Carfentanil

Chemically, carfentanil is methyl 1-(2-phenylethyl)-4-[phenyl(propanoyl) amino]piperidine-4-carboxylate. Carfentanil has no stereoisomers.

Carfentanil has not been previously pre-reviewed or critically reviewed. A notification was received from a Party to the Conventions thus initiating a critical review.

Carfentanil is convertible into sufentanil and alfentanil, two very potent opioid analgesics controlled as Schedule I drugs under the Single Convention on Narcotic Drugs of 1961. It is a μ-opioid receptor agonist, and its pharmacodynamic and clinical effects are similar to fentanyl but it is about 100 times more potent. It binds to opioid receptors, and produces respiratory depression, decreased consciousness, antinociception, and miosis. The substance has been associated with hundreds of deaths and nonfatal intoxications globally, and it has created significant concerns in a number of countries. Due to the extremely small doses that induce lethal effects, it poses a particularly serious threat to public health.

Carfentanil is a compound liable to similar abuse and with similar ill effects to controlled opioids such as fentanyl that are included in Schedule I of the Single Convention on Narcotic Drugs of 1961. There is sufficient evidence that it is being or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control. Thus, because it meets the required condition of similarity, it is recommended that carfentanil (methyl 1-(2-phenylethyl)-4-[phenyl(propanoyl)amino]piperidine-4-carboxylate) be placed in Schedule I of the Single Convention on Narcotic Drugs of 1961, as consistent with article 3, paragraph 3 (iii), of that Convention in that the substance is liable to similar abuse and productive of similar ill effects to drugs in Schedule I.

The Committee considered and recognized the impact that international scheduling could have on veterinary access to carfentanil in relation to its therapeutic use in large

animals. However, the Committee was particularly concerned regarding the extreme potency of the substance and serious risk to public health. The Committee felt that the therapeutic advantages did not offset the severe threat to human health. As such, and with consideration that substances in Schedule IV afford Parties the opportunity to adopt special measures for drugs with particularly dangerous properties, the Committee recommended that carfentanil (methyl 1-(2-phenylethyl)-4-[phenyl(propanoyl)amino]piperidine-4-carboxylate) be also placed in Schedule IV of the Single Convention on Narcotic Drugs of 1961.

Substances recommended to be placed in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

Ocfentanil

Chemically, ocfentanil is *N*-(2-fluorophenyl)-2-methoxy-*N*-[1-(2-phenylethyl) piperidin-4-yl]acetamide. It has no stereoisomers.

Ocfentanil has not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that ocfentanil is clandestinely manufactured, poses a risk to public health and society, and has no recognized therapeutic use by any party.

Ocfentanil is an opioid that is structurally related to fentanyl that is regulated under Schedule I of the Single Convention on Narcotic Drugs of 1961, and produces opioid effects including analgesia, euphoria, sedation and potentially serious respiratory depression. Ocfentanil-related deaths have been reported, and it has come under national control in several countries in different regions of the world.

Ocfentanil is a compound liable to similar abuse and with similar ill effects to controlled opioids such as fentanyl that are included in Schedule I of the Single Convention on Narcotic Drugs of 1961. It has no recorded therapeutic use, and its use has been associated with fatalities. There is sufficient evidence that it is being or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control. Thus, because it meets the required condition of similarity, it is recommended that ocfentanil (*N*-(2-fluorophenyl)-2-methoxy-*N*-[1-(2-phenylethyl)piperidin-4-yl]acetamide) be placed in Schedule I of the Single Convention on Narcotic Drugs of 1961, as consistent with article 3, paragraph 3 (iii), of that Convention, in that the substance is liable to similar abuse and productive of similar ill effects to drugs in Schedule I.

Furanylfentanyl

Chemically, furanylfentanyl is *N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide. Furanylfentanyl has no stereoisomers.

Furanylfentanyl has not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that furanylfentanyl is clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party.

Furanylfentanyl is a compound liable to similar abuse and with similar ill effects to controlled opioids such as fentanyl that are included in Schedule I of the Single Convention on Narcotic Drugs of 1961. It has no recorded therapeutic use and its use has been associated with fatalities. There is sufficient evidence that it is being or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control. Thus, because it meets the required condition of similarity, it is recommended that furanylfentanyl (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide) be placed in Schedule I of the Single Convention on Narcotic Drugs of 1961, as consistent with article 3, paragraph 3 (iii), of that Convention in that the substance is liable to similar abuse and productive of similar ill effects to drugs in Schedule I.

Acryloylfentanyl (Acrylfentanyl)

Chemically, acryloylfentanyl is *N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]prop-2-enamide. It has no stereoisomers.

Acryloylfentanyl has not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that acryloylfentanyl is clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party.

Acryloylfentanyl is a compound liable to similar abuse and with similar ill effects to controlled opioids such as fentanyl that are included in Schedule I of the Single Convention on Narcotic Drugs of 1961. It has no recorded therapeutic use, and its use has been associated with fatalities. There is sufficient evidence that it is being or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control. Thus, because it meets the required condition of similarity, it is recommended that acryloylfentanyl (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]prop-2-enamide) be placed in Schedule I of the Single Convention on Narcotic Drugs of 1961, as consistent with article 3, paragraph 3 (iii), of that Convention in that the substance is liable to similar abuse and productive of similar ill effects to drugs in Schedule I.

4-Fluoroisobutyrfentanyl (4-FIBF, pFIBF)

Chemically, 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF) is *N*-(4-Fluorophenyl)-2-methyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]propanamide.

4-Fluoroisobutyrfentanyl has not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that it is clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party.

4-Fluoroisobutyryfentanyl is a compound liable to similar abuse and with similar ill effects to controlled opioids such as fentanyl that are included in Schedule I of the Single Convention on Narcotic Drugs of 1961. It has no recorded therapeutic use, and its use has been associated with fatalities. There is sufficient evidence that it is being or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control. Thus, because it meets the required condition of similarity, it is recommended that 4-fluoroisobutyryfentanyl (*N*-(4-fluorophenyl)-2-methyl-*N*-[1-(2-phenylethyl) piperidin-4-yl]propanamide) be placed in Schedule I of the Single Convention on Narcotic Drugs of 1961, as consistent with article 3, paragraph 3 (iii), of that Convention in that the substance is liable to similar abuse and productive of similar ill effects to drugs in Schedule I.

Tetrahydrofuranylfentanyl (THF-F)

Chemically, tetrahydrofuranylfentanyl is *N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]oxolane-2-carboxamide. Tetrahydrofuranylfentanyl contains a stereogenic centre allowing for the existence of a pair of enantiomers, (*S*)-tetrahydrofuranylfentanyl and (*R*)-tetrahydrofuranylfentanyl. There is no information on the actual enantiomers found on the illicit drug market at the time of the report.

Tetrahydrofuranylfentanyl has not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that tetrahydrofuranylfentanyl is clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party.

Tetrahydrofuranylfentanyl is a compound liable to similar abuse and with similar ill effects to controlled opioids such as fentanyl that are included in Schedule I of the Single Convention on Narcotic Drugs of 1961. It has no recorded therapeutic use, and its use has been associated with fatalities. There is sufficient evidence that it is being

or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control. Thus, because it meets the required condition of similarity, it is recommended that tetrahydrofuranylfentanyl (*N*-phenyl-*N*-[1-(2-phenylethyl)piperidin-4-yl]oxolane-2-carboxamide) be placed in Schedule I of the Single Convention on Narcotic Drugs of 1961, as consistent with article 3, paragraph 3 (iii), of that Convention in that the substance is liable to similar abuse and productive of similar ill effects to drugs in Schedule I.

Substances recommended to be scheduled in Schedule II of the Convention on Psychotropic Substances of 1971

AB-CHMINACA

Chemically, AB-CHMINACA is *N*-[(2*S*)-1-amino-3-methyl-1-oxobutan-2-yl]-1-(cyclohexylmethyl)-1*H*-indazole-3-carboxamide. AB-CHMINACA contains a chiral centre, so that two enantiomers exist: (*R*)-AB-CHMINACA and (*S*)-AB-CHMINACA. Based on the literature and the most likely precursors to be used in manufacture, an (*S*)-configuration of the stereocenter should be expected.

AB-CHMINACA has not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that AB-CHMINACA is clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party.

AB-CHMINACA is a synthetic cannabinoid receptor agonist. It is clandestinely manufactured and sold under a variety of brand names. Its mode of action suggests also the potential for dependence and likelihood of misuse. Effects of AB-CHMINACA are consistent with those of synthetic cannabinoid receptor agonists and include relaxation, euphoria, depersonalization, distorted perception of time, impaired motor performance, hallucinations, paranoia, confusion, fear, anxiety, tachycardia, and nausea and vomiting. Its cannabimimetic effects are more potent than those of THC, which is listed in Schedule II in the Convention on Psychotropic Substances of 1971. There is evidence of an increase in number of persons using AB-CHMINACA in many countries that have included fatal and non-fatal cases. This substance causes substantial harm and has no therapeutic usefulness. AB-CHMINACA has similar abuse and similar ill effects as other synthetic cannabinoids receptor agonists already scheduled in Schedule II of the Convention on Psychotropic Substances of 1971. The Expert Committee on Drug Dependence recommended that AB-CHMINACA (*N*-[(2*S*)-1-amino-3-methyl-1-oxobutan-2-yl]-1-(cyclohexylmethyl)-1*H*-indazole-3-carboxamide) be placed in Schedule II under the Convention on Psychotropic Substances of 1971.

5F-ADB 5F-MDMB-PINACA

Chemically, 5F-ADB (also known as 5F-MDMB-PINACA) is methyl (2*S*)-2-{[1-(5-fluoropentyl)-1*H*-indazole-3-carbonyl]amino}-3,3-dimethylbutanoate. 5F-ADB contains a chiral centre, so that two enantiomers exist: (*R*)-5F-ADB and (*S*)-5F-ADB.

5F-ADB has not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that 5F-ADB is clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party.

5F-ADB is a synthetic cannabinoid receptor agonist. It has cannabimimetic effects that are more potent than those of THC and MDMB-CHMICA, substances which are listed in Schedule II of the Convention on Psychotropic Substances of 1971. Its mode of action suggests the potential for dependence and likelihood of abuse. There is evidence of an increase in number of persons using 5F-ADB in many countries that have included fatal and non-fatal cases. This substance causes substantial harm and has no therapeutic usefulness. The Committee recommended that 5F-ADB, also known as 5F-MDMB-PINACA, (methyl (2*S*)-2-{[1-(5-fluoropentyl)-1*H*-indazole-3-

carbonyl]amino}-3,3-dimethylbutanoate) be placed in Schedule II under the Convention on Psychotropic Substances of 1971.

AB-PINACA

Chemically, AB-PINACA is *N*-[(2*S*)-1-amino-3-methyl-1-oxobutan-2-yl]-1-pentyl-1*H*-indazole-3-carboxamide. AB-PINACA has stereoisomers.

AB-PINACA has not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that AB-PINACA is clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party.

The Committee considered that the degree of risk to public health and society associated with the abuse of AB-PINACA is substantial. Therapeutic usefulness has not been recorded. It recognized that AB-PINACA has similar abuse and similar ill effects to other synthetic cannabinoids receptor agonists in Schedule II of the Convention on Psychotropic Substances of 1971. The Committee considered that there is sufficient evidence that AB-PINACA is being or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control. The Committee recommended that AB-PINACA (*N*-[(2*S*)-1-amino-3-methyl-1-oxobutan-2-yl]-1-pentyl-1*H*-indazole-3-carboxamide) be placed in Schedule II under the Convention on Psychotropic Substances of 1971.

UR-144

Chemically, UR-144 is (1-Pentyl-1*H*-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl) methanone. It has no stereoisomers.

UR-144 was previously critically reviewed by the thirty-sixth meeting of the Expert Committee on Drug Dependence in 2014. The Committee recommended that UR-144 not be placed under international control at that time but be kept under surveillance.

Of particular significance to the Committee was the lack of analytically confirmed cases of non-fatal and fatal intoxications at the time involving solely UR-144. Subsequent data collected from the literature and from different countries indicating that this substance may cause substantial harm and that it has no medical use, warranted an updated critical review.

The Committee considered that the degree of risk to public health and society associated with the abuse of UR-144 is substantial. Therapeutic usefulness has not been recorded. It recognized that UR-144 has similar abuse and similar ill effects to other synthetic cannabinoids receptor agonists in Schedule II of the Convention on Psychotropic Substances of 1971. The Committee considered that there is sufficient evidence that UR-144 is being or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control. The Committee recommended that UR-144 ((1-pentyl-1*H*-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone) be placed in Schedule II under the Convention on Psychotropic Substances of 1971.

5F-PB-22

Chemically, 5F-PB-22 is quinolin-8-yl 1-(5-fluoropentyl)-1*H*-indole-3-carboxylate. It has no stereoisomers.

5F-PB-22 has not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that 5F-PB-22 is clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party.

The Committee considered that the degree of risk to public health and society associated with the abuse of 5F-PB-22 is substantial. Therapeutic usefulness has not been recorded. It recognized that 5F-PB-22 has similar abuse and similar ill effects to

other synthetic cannabinoids receptor agonists in Schedule II of the Convention on Psychotropic Substances of 1971. The Committee considered that there is sufficient evidence that 5F-PB-22 is being or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control. The Committee recommended that 5F-PB-22 (quinolin-8-yl 1-(5-fluoropentyl)-1*H*-indole-3-carboxylate) be placed in Schedule II under the Convention on Psychotropic Substances of 1971.

4-Fluoroamphetamine (4-FA)

The chemical name of 4-FA is 1-(4-fluorophenyl)propan-2-amine. The presence of a chiral centre gives rise to the enantiomeric pair of (*S*)-4-FA and (*R*)-4-FA, respectively. 4-FA is most likely to be available as the racemic mixture.

4-FA underwent a critical review in 2015. At that time, the Committee recommended that 4-FA not be placed under international control due to insufficient evidence regarding dependence, abuse, and risks to public health. However, it was kept under surveillance. Preliminary information collected from various sources indicated that this substance may cause substantial harm and that it has no medical use, thereby warranting an updated critical review.

4-FA is a ring-substituted derivative of amfetamine that is listed in Schedule II of the Convention on Psychotropic Substances of 1971. The clinical features associated with 4-FA intoxications include agitation, tachycardia, hypertension, hyperthermia, cardiovascular toxicity and cerebrovascular complications such as severe headaches and cerebral hemorrhage. Some severe adverse reactions required hospitalizations and others resulted in death.

The Committee considered that the degree of risk to public health and society associated with the abuse of 4-FA is substantial. Therapeutic usefulness has not been recorded. It recognized that 4-FA has similar abuse and similar ill effects to substances in Schedule II of the Convention on Psychotropic Substances of 1971. The Committee considered that there is sufficient evidence that 4-FA is being or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control. The Committee recommended that 4-FA (1-(4-fluorophenyl)propan-2-amine) be placed in Schedule II under the Convention on Psychotropic Substances of 1971.

Substances recommended for critical review

Preparations containing almost exclusively cannabidiol (CBD)

Chemically, cannabidiol (CBD) is (1'*R*,2'*R*)-5'-Methyl-4-pentyl-2'-(prop-1-en-2-yl)-1',2',3',4'-tetrahydro-[1,1'-biphenyl]-2,6-diol. Cannabidiol is normally taken to refer to the naturally occurring (-)- enantiomer.

Cannabidiol has not been previously pre-reviewed or critically reviewed by the Expert Committee on Drug Dependence. The current review was based on the recommendation from the thirty-eighth meeting of the Expert Committee that pre-review documentation on cannabis-related substances, including cannabidiol, be prepared and evaluated at a subsequent Committee meeting.

CBD is not specifically listed in the schedules of the 1961, 1971 or 1988 international drug control conventions. There is no evidence that CBD as a substance is liable to similar abuse and similar ill effects as substances in the 1961 or 1971 Conventions (including cannabis and dronabinol (THC), respectively). The purpose of the pre-review was to determine whether current information justifies an Expert Committee critical review whereby the Committee finds that information may justify the scheduling or a change in the scheduling of the substance in the 1961 or 1971 Conventions. As CBD is not currently a scheduled substance in its own right (only as a component of cannabis extracts), current information does not justify a change in this scheduling position and does not justify scheduling of the substance.

However, CBD is produced for pharmaceutical purposes as an extract of cannabis, and cannabis extracts and tinctures are included in the Single Convention on Narcotic Drugs of 1961. The pre-review of cannabis extracts and tinctures will be held at the fortieth meeting of the Expert Committee on Drug Dependence, in May 2018. Therefore it is also recommended that extracts or preparations containing almost exclusively CBD (cannabidiol; (1'*R*,2'*R*)-5'-methyl-4-pentyl-2'-(prop-1-en-2-yl)-1',2',3',4'-tetrahydro-[1,1'-biphenyl]-2,6-diol) be subject to critical review at that meeting.

Pregabalin

Chemically, pregabalin is (3*S*)-3-(aminomethyl)-5-methylhexanoic acid. Pregabalin is the (*S*)-(+)-isomer of 3-isobutyl-GABA.

Pregabalin has not been previously pre-reviewed or critically reviewed. A pre-review at the thirty-ninth meeting of the Expert Committee on Drug Dependence was proposed based on information received by the WHO secretariat regarding the misuse of pregabalin.

Pregabalin, a gabapentinoid, is an analogue of gamma amino butyric acid (GABA), but does not act at GABA receptors or synapses or bind to benzodiazepine receptors. While pregabalin has therapeutic uses, the increasing evidence of its misuse and abuse in many countries is becoming a growing cause for concern. Pregabalin has been shown to have the capacity to produce a state of dependence. On this basis, the Committee recommended that pregabalin ((3*S*)-3-(aminomethyl)-5-methylhexanoic acid) proceed to a future critical review. The Committee requested that the secretariat collect further data to support the critical review.

Tramadol

Chemically, tramadol is *rac*-(1*R*,2*R*)-2-[(dimethylamino)methyl]-1-(3-methoxyphenyl) cyclohexan-1-ol. Tramadol has two chiral centres and consequently, four different stereoisomers exist: (1*R*,2*R*), (1*S*,2*S*), (1*R*,2*S*), and (1*S*,2*R*).

Pre-reviews of Tramadol were carried out by the Expert Committee on Drug Dependence in 1992, 2000, 2006, and 2014 and a critical review in 2002. The Committee, most recently at its thirty-sixth meeting, in 2014, and on the basis of the evidence available regarding dependence, abuse and risks to public health, recommended that a critical review of tramadol was not warranted at that time. On the basis of information received by the WHO secretariat regarding the misuse of tramadol, it was recommended that a pre-review of tramadol be carried out at the thirty-ninth meeting of the Expert Committee on Drug Dependence, in November 2017.

Tramadol is used as a medication for controlling moderate acute and chronic painful conditions, and it is listed in several national essential medicines lists. It produces opioid-like effects predominately through the conversion of tramadol into its active metabolite. There is growing evidence of abuse of tramadol in many countries, accompanied by adverse reactions, and tramadol-associated deaths. The Committee recommended that tramadol ((*rac*-(1*R*,2*R*)-2-[(dimethylamino)methyl]-1-(3-methoxyphenyl)cyclohexan-1-ol) proceed to a critical review at a subsequent meeting. The Committee requested the secretariat to collect additional data for the critical review, including engagement with Member States to obtain information on the extent of problems associated with tramadol misuse. Also, the Committee asked for information on the medical use of tramadol including the extent that low income countries, countries facing conflicts and aid and relief agencies use and possibly rely on tramadol for provision of analgesia.

Substance recommended to remain under surveillance

Etizolam (INN)

Chemically, etizolam (INN) is 4-(2-chlorophenyl)-2-ethyl-9-methyl-6*H*-thieno[3,2-*f*][1,2,4]triazolo[4,3-*a*][1,4]diazepine. It does not have stereoisomers.

The Expert Committee reviewed etizolam at the twenty-sixth meeting (1989) and the twenty-seventh meeting (1990). At the thirty-seventh Expert Committee in 2015, the Committee pre-reviewed etizolam and recommended that a critical review of etizolam was warranted for a future meeting. The Committee noted deficiencies in information and suggested several potential sources that could be helpful in the preparation of the critical review, including those from traffic accident reports, seizure data, user forums and pharmacovigilance data.

Owing to the lack of significantly more information since the pre-review conducted at the thirty-seventh meeting of the Expert Committee on Drug Dependence in 2015, and considering the current insufficiency of data regarding dependence, abuse and risks to public health, the Committee recommended that etizolam (4-(2-chlorophenyl)-2-ethyl-9-methyl-6*H*-thieno[3,2-*f*][1,2,4]triazolo[4,3-*a*][1,4]diazepine) be kept under surveillance. The Committee asked the secretariat to request more data from Member States that may be affected by the misuse of etizolam, and which could facilitate a future review.

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Item 5 (a) of the provisional agenda*
Implementation of the international drug control treaties: changes in the scope of control of substances

Changes in the scope of control of substances: proposed scheduling recommendations by the World Health Organization

Note by the Secretariat

Addendum

I. Consideration of a notification from the World Health Organization concerning scheduling under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol

1. As stated in document E/CN.7/2018/10, pursuant to article 3, paragraphs 1 and 3, of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Director-General of the World Health Organization (WHO), in correspondence dated 27 November 2017, notified the Secretary-General that WHO recommended that carfentanil should be placed in Schedules I and IV of the 1961 Convention and that ocfentanil, furanylfentanyl, acryloylfentanyl (acrylfentanyl), 4-fluoroisobutyrfentanyl (4-FIBF, pFIBF), and tetrahydrofuranylfentanyl (THF-F) should be placed in Schedule I of the 1961 Convention.

2. In accordance with the provisions of article 3, paragraph 2, of the 1961 Convention, the Secretary-General transmitted to all Governments, on 28 December 2017 and 18 January 2018, a note verbale, annexing the notification and the information submitted by WHO in support of that recommendation.

3. As at 12 February 2018, the Governments of the following 21 Member States had provided comments considered to be relevant to the recommended scheduling of those substances: Algeria, Argentina, Australia, Bhutan, Chile, Georgia, Germany, Hungary, Indonesia, Israel, Lebanon, Lithuania, Mexico, Morocco, Myanmar, Oman, Spain, Sri Lanka, Switzerland, Turkmenistan and Ukraine.

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4. The Government of Algeria indicated its support for the recommendations made by WHO with regard to the substances to be scheduled under the 1961 Convention based on the available evidence of their abuse, the serious risks they posed to public health and the lack of any recognized therapeutic use.

5. The Government of Argentina indicated that it had no objection to the inclusion of carfentanil, ocfentanil, furanylfentanyl, acryloylfentanyl, 4-fluoroisobutyrfentanyl and tetrahydrofuranylfentanyl in Schedules I and IV of the 1961 Convention as amended by the 1972 Protocol. Carfentanil was considered a narcotic drug in Argentina because it was included in annex I to decree No. 69/2017. Ocfentanil, furanylfentanyl, acryloylfentanyl, 4-fluoroisobutyrfentanyl and tetrahydrofuranylfentanyl would be added to the schedule of narcotic drugs at the next update of the decree, which was currently under preparation.

6. The Government of Australia reported that it supported the inclusion of carfentanil in Schedules I and IV of the 1961 Convention, and of ocfentanil, furanylfentanyl, acryloylfentanyl, 4-fluoroisobutyrfentanyl, and tetrahydrofuranylfentanyl in Schedule I of the 1961 Convention. In the event that these substances were scheduled under the 1961 Convention and the 1971 Convention, Australia would make a minor amendment to the Customs (Prohibited Imports) Regulations 1956 and Customs (Prohibited Exports) Regulations 1958 to comply with Article 31 of the 1961 Convention. The substances WHO had recommended for scheduling under the 1961 Convention had no recognized medicinal use in Australia and were subject to criminal penalties for importation into Australia under the Criminal Code Act 1995. While in support of placing the substances under international control, the Government of Australia noted the challenges surrounding their identification by chemical analysis and the reliability of statistics on seizures and detections of all new psychoactive substances. The rapidly evolving drug scene could overtake the reporting capabilities and procedures of agencies and thus affect the integrity of detection data.

7. The Government of Bhutan indicated that it had no comments on the recommendations made by WHO with regard to the substances to be scheduled under the 1961 Convention.

8. The Government of Chile indicated its support for the recommendations made by WHO with regard to the substances to be scheduled under the 1961 Convention. It considered the scheduling necessary to reduce the supply of fentanyl analogues. It also noted that fentanyl analogues were among the most problematic synthetic drugs worldwide, especially because of the number of deaths associated with their consumption. It further noted the structural variability of these substances and the inclusion of many of them in the early warning advisory on new psychoactive substances.

9. The Government of Georgia indicated its support for the recommendations made by WHO.

10. The Government of Germany reported that it had no objections to the scheduling recommended by WHO and noted that all the substances mentioned were or would be covered by the German Law on Narcotic Drugs. This position was subject to a decision pending at the Council of the European Union, which stated that States members of the European Union were to support the scheduling of all the substances mentioned under the respective schedules of the 1961 Convention.

11. The Government of Hungary indicated its support for the scheduling of the substances, recommended by WHO, under the 1961 Convention. In Hungary, they were classified as new psychoactive substances.

12. The Government of Indonesia indicated its support for the recommendations of WHO to place carfentanil on Schedules I and IV of the 1961 Convention, and to place ocfentanil, furanylfentanyl, acryloylfentanyl, 4-fluoroisobutyrfentanyl and tetrahydrofuranylfentanyl on Schedule I of the 1961 Convention.

13. The Government of Israel indicated its support for the scheduling recommended by WHO. The substances under consideration were already included in the Dangerous Drugs Ordinance, either individually or by virtue of their being structural derivatives of substances individually controlled. Regarding fentanyl, the Government was completing the legal steps required for its inclusion in the Dangerous Drugs Ordinance.

14. The Government of Lebanon indicated that, while the substances WHO had recommended for scheduling under the 1961 Convention had never been reported and were therefore not scheduled in Lebanon, it would consider the decision to be made by the Commission on Narcotic Drugs and its recommendation, if any, to schedule the substances under consideration.

15. The Government of Lithuania reported that it supported the proposal and would not have any comments on the information provided by the United Nations Office on Drugs and Crime (UNODC). All the substances proposed for scheduling had already been included in the lists of narcotic and psychotropic substances under order No. 5 of the Ministry of Health of Lithuania of 6 January 2000.

16. The Government of Mexico noted that it had no objection to the scheduling of the substances, recommended by WHO, under the 1961 Convention.

17. The Government of Morocco noted that its Ministry of Health subscribed to the approach that the protection of public health and the rational use of the substances in question should be ensured with a view to working towards the recognition and consolidation of the objectives of the international drug control conventions.

18. The Government of Myanmar indicated its support for the recommendations made by WHO with regard to the substances to be scheduled under the 1961 Convention. Myanmar noted that the substances under consideration were neither being used in laboratories nor in the industrial sector in Myanmar, and that they were likely to be abused and therefore constituted a public health and social problem.

19. The Government of Oman indicated its agreement with the recommendations made by WHO on the substances to be scheduled under the 1961 Convention.

20. The Government of Spain reported that it was in favour of the recommendations made by WHO with regard to the substances to be scheduled under the 1961 Convention. It reported that ocfentanil and furanylfentanyl had first been detected in Spain in 2015 and 2016, respectively, and that no medicines in Spain were known to contain these substances. States members of the European Union had submitted information regarding deaths related to their consumption. With regard to acryloylfentanyl and 4-fluoroisobutyrfentanyl, they had not been detected in Spain, nor were they present in any medicines. The Government of Spain had received information from the European Monitoring Centre for Drugs and Drug Addiction, however, about 23 deaths related to the consumption of acrylfentanyl. With regard to tetrahydrofuranylfentanyl there were indications of risk of abuse and possible dependence, no therapeutic use was known and at least 14 deaths were associated with its consumption.

21. The Government of Sri Lanka indicated that none of the substances WHO had recommended for scheduling under the 1961 Convention had so far been detected.

22. The Government of Switzerland indicated its support for the recommended scheduling of substances under the 1961 Convention. With regard to carfentanil, no medical, veterinary or industrial use was known in Switzerland. Based on the extreme potency of the substance and its severe threat to human health, carfentanil was already under national control. With regard to ocfentanil, furanylfentanyl, acryloylfentanyl, 4-fluoroisobutyrfentanyl and tetrahydrofuranylfentanyl, no medical or industrial use was known in Switzerland. Based on its potential to cause substantial harm, ocfentanil was already under national control. Furanylfentanyl, acryloylfentanyl, 4-fluoroisobutyrfentanyl and tetrahydrofuranylfentanyl were in the process of being

added to the national schedules and were expected to be under control as of 1 March 2018.

23. The Government of Turkmenistan reported that it had no objections to the inclusion WHO had recommended of the substances under consideration in the schedules of the 1961 Convention.

24. The Government of Ukraine indicated its support for the scheduling WHO had recommended of the substances under consideration under the 1961 Convention, based on the results of joint research and the monitoring of the drug situation conducted by the relevant authorities. It also noted that the scheduling of 4-fluoroisobutyrfentanyl was currently under consideration by the authorities.

II. Consideration of a notification from the World Health Organization concerning scheduling under the Convention on Psychotropic Substances of 1971

25. As stated in document E/CN.7/2018/10, pursuant to article 2, paragraphs 1 and 4, of the Convention on Psychotropic Substances of 1971, the Director-General of WHO, in correspondence dated 27 November 2017, notified the Secretary-General that WHO recommended placing AB-CHMINACA, 5F-MDMB-PINACA (5F-ADB), AB-PINACA, UR-144, 5F-PB-22, and 4-fluoroamphetamine (4-FA) in Schedule II of the 1971 Convention.

26. In accordance with the provisions of article 2, paragraph 2, of the 1971 Convention, the Secretary-General transmitted to all Governments, on 28 December 2017 and 18 January 2018, a note verbale annexing the notification and the information submitted by WHO in support of its recommendations.

27. As at 12 February 2018, the following 21 Governments had provided comments on economic, social, legal, administrative or other factors relevant to the recommended scheduling of those substances: Algeria, Argentina, Australia, Bhutan, Chile, Georgia, Germany, Hungary, Indonesia, Israel, Lebanon, Lithuania, Mexico, Morocco, Myanmar, Oman, Spain, Sri Lanka, Switzerland, Turkmenistan, and Ukraine.

28. The Government of Algeria indicated its support for the recommendations made by WHO with regard to the substances to be scheduled under the 1971 Convention, based on the available evidence of their abuse, the serious risks they posed to public health and the lack of any recognized therapeutic use.

29. The Government of Argentina indicated that it had no objections to the inclusion of AB-CHMINACA, 5F-MDMB-PINACA, AB-PINACA, UR-144, 5F-PB-22 and 4-fluoroamphetamine in Schedule II of the 1971 Convention. In Argentina, all six substances were considered narcotic drugs because they were included in annex I to decree No. 69/2017.

30. The Government of Australia reported that it supported the inclusion of AB-CHMINACA, 5F-MDMB-PINACA, AB-PINACA, UR-144, 5F-PB-22, and 4-fluoroamphetamine in Schedule II of the 1971 Convention. In the event that these substances were scheduled under the 1961 Convention and the 1971 Convention, Australia would make a minor amendment to the Customs (Prohibited Imports) Regulations 1956 and Customs (Prohibited Exports) Regulations 1958 to comply with Article 12 of the 1971 Convention. The substances WHO had recommended for inclusion in the 1971 Convention had no recognized medicinal use in Australia and were subject to criminal penalties for importation into Australia under the Criminal Code Act 1995. While in support of placing the substances under international control, the Government of Australia made note of the challenges surrounding the identification and reliability of statistics on seizures and detections of all new psychoactive substances. The rapidly evolving drug scene could overtake the

reporting capabilities and procedures of agencies, which could affect the integrity of detection data.

31. The Government of Bhutan indicated that it had no comments on the recommendations made by WHO.

32. The Government of Chile reported that AB-CHMINACA, AB-PINACA, UR-144 and 5F-PB-22 had been studied by the country's New Psychoactive Substances Board and placed under control on 22 March 2017. 5F-MDMB-PINACA was currently under review by the same Board.

33. The Government of Georgia indicated its support for the recommendations made by WHO.

34. The Government of Germany reported that it had no objections to the scheduling WHO had recommended of the substances under consideration and noted that all the substances mentioned were or would be covered by the German Law on Narcotic Drugs. This position was subject to a decision pending at the Council of the European Union, which stated that States members of the European Union were to support the scheduling of all the substances mentioned under the respective schedules of the 1971 Convention.

35. The Government of Hungary indicated its support for the scheduling WHO had recommended of the substances under consideration under the 1971 Convention. It also noted that, in Hungary, AB-CHMINACA, AB-PINACA and 4-fluoroamphetamine were classified as narcotic drugs.

36. The Government of Indonesia suggested that the substances recommended by WHO for scheduling under the 1971 Convention be included in Schedule I instead of Schedule II. The Government of Indonesia noted that AB-CHMINACA, 5F-MDMB-PINACA, AB-PINACA, and 5F-PB-22 were never used for medical purposes, that many cases of abuse had been reported, and that Indonesian national law prohibited their use. It also noted that UR-144 was close in structure to FUB-UR-144, that it was never used for medical purposes and that national law prohibited its use. It further noted that 4-fluoroamphetamine was never used for medical purposes in Indonesia.

37. The Government of Israel indicated its support for the scheduling WHO had recommended of the substances under consideration under the 1971 Convention. The substances in question were all already included in the Dangerous Drugs Ordinance, either individually or by virtue of their being structural derivatives of substances individually controlled.

38. The Government of Lebanon noted that, with regard to the substances WHO had recommended for scheduling under the 1971 Convention, AB-PINACA and its derivatives were already on Schedule I of the 1961 Convention, and 4-fluoroamphetamine was already on Schedule II of the 1971 Convention based after the internal security forces had notified the seizure of a small quantity of those substances. The Government of Lebanon further noted that, while UR-144 was currently not scheduled, it would consider the decision to be made by the Commission on Narcotic Drugs and its recommendation, if any, to schedule the substance under consideration.

39. The Government of Lithuania reported that it supported the proposal and would not have any comments on the information provided by UNODC. All the substances proposed for scheduling had already been included in the lists of narcotic and psychotropic substances under order No. 5 of the Ministry of Health of Lithuania of 6 January 2000.

40. The Government of Mexico noted that it had no objection to the scheduling WHO had recommended of the substances under consideration under the 1971 Convention.

41. The Government of Morocco noted that its Ministry of Health subscribed to the approach that the protection of public health and the rational use of the substances in question should be ensured with a view to working towards the recognition and consolidation of the objectives of the international drug control conventions.

42. The Government of Myanmar indicated its support for the recommendations made by WHO with regard to the substances to be scheduled under the 1971 Convention. Myanmar noted that the substances under consideration were neither being used in laboratories nor in the industrial sector in Myanmar, and that they were likely to be abused and therefore constituted a public health and social problem.

43. The Government of Oman indicated its agreement with the recommendations made by WHO on the substances to be scheduled under the 1967 Convention.

44. The Government of Spain reported that it was in favour of all the recommendations made by WHO with regard to the substances to be placed in Schedule II of the 1971 Convention. It reported that toxicological effects in humans of AB-PINACA, AB-CHMINACA, 5F-PB-22, UR-144 and 5F-MDMB-PINACA, which belonged to the group of synthetic cannabinoids, were not known in detail. However, animal studies suggested that they could be more powerful than tetrahydrocannabinol, and could carry the risk of generating even longer-term dependency. The Government of Spain noted that synthetic cannabinoids had considerable adverse effects unknown in natural cannabis, and that deaths associated with their consumption had been registered. The substances in question had been detected in Spain in samples originating from trafficking, and no synthetic cannabinoids were present in medicines in Spain. It further noted that, regarding 4-fluoroamphetamine, its consumption led to many adverse effects including bruxism, insomnia, loss of appetite, nervousness and anxiety. The substance had been detected in Spain and was not present in any medicines.

45. The Government of Sri Lanka indicated that none of the substances WHO had recommended for scheduling under the 1971 Convention had so far been detected.

46. The Government of Switzerland indicated its support for the inclusion of all recommended substances in Schedule II of the 1971 Convention. No medical or industrial use of the six substances was known in Switzerland. Based on their potential to cause substantial harm, all six substances were already under national control in Switzerland.

47. The Government of Turkmenistan reported that it had no objections to the inclusion WHO had recommended of the substances under consideration in the Schedules of the 1971 Convention.

48. The Government of Ukraine indicated its support for the scheduling WHO had recommended of the substances under consideration under the 1971 Convention. It reported that 4-fluoroamphetamine, AB-PINACA and UR-144 were already under control. The Government of Ukraine also noted that the scheduling of AB-CHMINACA, 5F-PB-22 and 5F-MDMB-PINACA was currently under consideration by the relevant authorities.

Additional comments provided by Member States with regard to other information contained in the communication by the Director-General of the World Health Organization

49. The Director-General of WHO, in his communication to the Secretary-General, also made reference to the recommendation made by the thirty-ninth Expert Committee on Drug Dependence to carry out a critical review of pregabalin, tramadol and preparations containing almost exclusively cannabidiol, and the recommendation to keep etizolam under surveillance.

50. The Government of Algeria reported that measures would be implemented to place pregabalin and tramadol under national control.

51. The Government of Bhutan indicated that it had scheduled tramadol under its Narcotic Drugs and Psychotropic Substance, Substance Abuse Act 2015 in a 2017 amendment.

52. The Government of Georgia indicated that, according to the law of Georgia on Psychotropic Substances, Precursors and Narcological Aid, tramadol and any of its forms were listed narcotic drugs; pregabalin and any of its forms were listed as psychotropic substances.

53. The Government of Lebanon noted that tramadol and pregabalin were both placed under control under a ministerial decision to prevent possible abuse. They were dispensed only by medical prescription and subject to inspection by the authorities. It also noted that etizolam was already in Schedule IV of the 1971 Convention because of its potential for abuse and because of recommendations to put it under surveillance.

54. The Government of Oman indicated that pregabalin had been a controlled non-psychotropic drug since 2013, tramadol had been classified as a psychotropic drug since 2013 and tramadol hydrochloride and all its salt forms had been classified as psychotropic substances on the narcotic and psychotropic controlled drug list. Etizolam was not registered.

55. The Government of Sri Lanka indicated that, during 2017, 1,341 tramadol tablets had been detected. Tramadol was not listed as a dangerous drug under national drug laws. The Government also reported that no preparations had been detected consisting almost exclusively of cannabidiol, pregabalin or etizolam.

56. The Government of Ukraine noted that tramadol and cannabidiol were already under control, and that the authorities currently had the scheduling of etizolam and pregabalin under consideration.

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Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

Strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact initiative

Report of the Secretariat

Summary

In its resolution 56/3 entitled "Strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact initiative", the Commission on Narcotic Drugs welcomed and reiterated its support to the Paris Pact initiative as one of the most important international frameworks and a unique platform for genuine partnership between States, competent international organizations and other relevant stakeholders in the fight against opiates originating in Afghanistan. The Commission continued to call upon Member States, in cooperation with the United Nations Office on Drugs and Crime (UNODC) and other entities, to ensure the full implementation of the Vienna Declaration, the outcome document of the Third Ministerial Conference of the Paris Pact Partners on Combating Illicit Traffic in Opiates Originating in Afghanistan, held on 16 February 2012. As requested by the Commission, the present report describes the steps taken by UNODC to implement the resolution in 2017, the fourth year of implementation of the fourth phase of the initiative.

* E/CN.7/2018/1

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I. Background

1. The Vienna Declaration adopted at the Third Ministerial Conference of the Paris Pact Partners on Combating Illicit Traffic in Opiates Originating in Afghanistan, held in February 2012,[1] is a statement of international commitment to act in a balanced and comprehensive manner against the menace of opiates originating in Afghanistan. In the Declaration, participants prioritized four main areas, also known as pillars, for enhanced cooperation: (a) regional initiatives; (b) financial flows linked to traffic in opiates; (c) preventing the diversion of precursor chemicals; and (d) reducing drug abuse and dependence. The Conference signified an important landmark for the Paris Pact, as partners reaffirmed their common and shared responsibility towards combating opiates. The Vienna Declaration serves as a blueprint for the activities of the Paris Pact partnership and reflects the partnership's commitment to strengthening international and regional cooperation to counter, in a balanced manner, the global challenge and threat that opiates pose to international peace and stability in different regions of the world.

2. In its resolution 56/3 entitled "Strengthening international cooperation in combating illicit opiates originating in Afghanistan through continuous and reinforced support to the Paris Pact initiative", the Commission on Narcotic Drugs recognized the initiative's importance as one of the most significant international frameworks and a unique platform for genuine partnership between Member States, competent international organizations and other relevant stakeholders in the fight against opiates originating in Afghanistan.[2]

3. The Paris Pact has two dimensions. The first is the partnership itself, made up of 58 countries and 23 organizations, including the United Nations Office on Drugs and Crime (UNODC). The partnership is responsible for defining priorities and implementing measures in line with the Vienna Declaration, based on the principle of shared responsibility. The second dimension is the global programme established by UNODC on behalf of the partnership to provide coordination support through the programme's three components developed during the preceding phases: the consultative mechanism, the research and liaison officer network, and information management. Currently, the fourth phase of the programme is under way. It was launched in May 2013 with a budget of approximately $6.5 million.

4. The Paris Pact partnership continues to play a pivotal role as a global advocacy platform at the highest political level for concrete action aimed at reducing the traffic in opiates, the cultivation of opium poppy and the production and global consumption of opiates by prioritizing technical assistance. The partnership itself has adapted its strategy to reflect the scope of evolving geographic and thematic partnerships and shifting trends along opiate trafficking routes.

5. The Security Council recognized the Paris Pact initiative in its resolution 2274 (2016) as one of the most important frameworks in the fight against opiates originating in Afghanistan as part of a comprehensive approach to peace, stability and development in Afghanistan, the region and beyond.

6. The magnitude of the illicit opiate market is one of the most significant international policy challenges faced today, especially with the level of opium poppy cultivation at a new record high. Potential opium production increased by 87 per cent compared to 2016. Opium poppy cultivation has expanded to new regions, and intensified where it was already present.

7. Concerted efforts, political will, cooperation and the support of the international community are needed to respond effectively to the multiple drivers behind the increase in opium poppy cultivation and to address the variety of issues related to the opiate problem and the trafficking in opiates. In that context, the Paris Pact remains a vital mechanism. Further relevant international frameworks in the area of drug

[1] See E/CN.7/2012/17.
[2] See E/CN.7/2013/14.

control and international cooperation are the Heart of Asia-Istanbul Process on Regional Security and Cooperation for a Secure and Stable Afghanistan and other regional initiatives led by Paris Pact partners.

8. The international community continues to underscore the links between drug trafficking and other forms of transnational organized crime. The increased complexity of drug demand and supply clearly demonstrates the need to continue to strengthen the Paris Pact partnership and adapt its approach to shifts in opiate trafficking.

9. The support of the Paris Pact partnership for the four pillars of the Vienna Declaration is linked to the Sustainable Development Goals and their targets.[3] Under the Global Programme, the 81 members of the partnership receive assistance in prioritizing their support in line with the targets of the Sustainable Development Goals. The three pillars related to law enforcement are linked to Sustainable Development Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels). Particularly relevant to the targets of the Sustainable Development Goals are the first, second and fourth pillars. The first pillar (regional initiatives) is linked to target 16.a (Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime). The second pillar (financial flows linked to traffic in opiates) is linked to target 16.4 (By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime). The fourth pillar (reducing drug abuse and dependence) is linked to target 3.5 (Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse).

10. The Vienna Declaration is the framework for the partnership's response to the international commitments aimed at countering traffic in narcotic drugs and addressing links with other forms of organized crime, outlined in the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem".[4]

II. Status of implementation of Commission resolution 56/3

11. In its current, fourth phase, the Paris Pact initiative is active in four areas, also known as action areas. The Paris Pact: (a) functions as a forum for global dialogue; (b) adapts responses to evolving threats along opiate trafficking routes; (c) enables the promotion of good practices; and (d) enhances the formulation of evidence-based policy and strategy formulation.

A. Strategic and expert-level dialogue

12. The priorities set under Paris Pact policy, the resulting outcomes and the discussions conducted at the operational level continue to highlight the necessity of keeping a sustained response to trends in trafficking along the Balkan, northern and southern routes. Developments along those routes underline the importance of cooperation among countries, regions and organizations.

13. To date, three expert working groups have been held about the three law-enforcement pillars of the Vienna Declaration (the first, second and third pillars), in line with the objectives set by the Paris Pact partners at the thirteenth Policy Consultative Group meeting, held in February 2017. The fourth meeting, related to the health pillar of the Vienna Declaration (the fourth pillar), will be held in the second quarter of 2018, as will the fourteenth Policy Consultative Group meeting.

[3] See General Assembly resolution 70/1.

[4] General Assembly resolution S-30/1, annex.

14. The expert-level meetings built on the previous expert forums held during the current, fourth phase of the Paris Pact initiative. In 2017, they once again reflected the heightened engagement of international and regional organizations within the Paris Pact partnership: two of the three law-enforcement-related expert working groups held since the previous report were hosted by the Organization for Security and Cooperation in Europe and the Southeast European Law Enforcement Centre.

Global dialogue

15. The meeting of the expert working group on precursors relating to the third pillar of the Vienna Declaration, was hosted in Bucharest on 23 and 24 October 2017 by the Southeast European Law Enforcement Centre. The meeting brought together 61 participants representing 21 countries and 8 international organizations. Participants reviewed trends in the use of routes and techniques to smuggle precursor chemicals destined for use in heroin production and the use of Internet platforms to divert precursor chemicals. They also looked at international investigations into trafficking in precursors and information-sharing between regional intelligence centres.

16. The meeting of the expert working group on illicit financial flows deriving from the trafficking in opiates originating in Afghanistan, relating to the second pillar of the Vienna Declaration, was hosted jointly by the Government of Serbia and the mission to Serbia of the Organization for Security and Cooperation in Europe. The meeting was held in Belgrade on 21 and 22 November 2017 and was attended by 60 participants representing 19 countries and 5 organizations. Participants focused on updates on current threats, methods to assess those threats and activities to promote a better common understanding of the threats posed by illicit financial flows. Discussions also centred on initiatives to disrupt illicit financial flows, including the development of new methodologies, on impact indicators and on inter-agency and international cooperation. Participants further highlighted technical assistance needs and new capabilities to enhance the partnership's understanding and the disruption of illicit financial flows.

17. The meeting of the expert working group on cross-border cooperation (the first pillar of the Vienna Declaration), was hosted by the Government of the Islamic Republic of Iran. The meeting was held in Tehran on 11 and 12 December 2017 and brought together 52 participants representing 14 countries and 6 international organizations. Participants reviewed trends and patterns in the production of, trafficking in and demand for opiates, and the use of special investigative techniques in support of the anti-narcotic efforts of law enforcement agencies, including controlled deliveries. They discussed the role of international and regional law enforcement cooperation centres, including strategies and efforts to promote capacities to facilitate the exchange of criminal intelligence and multilateral operations.

18. The recommendations put forward by the three expert working groups will be considered for endorsement at the fourteenth Policy Consultative Group meeting.

19. The partnership's operationally focused gap analysis is a recurring exercise aimed at identifying concrete actions to address gaps under each of the four pillars of the Vienna Declaration. Each year, the findings were discussed in an expert dialogue. The three expert meetings on the supply of drugs held in 2017 looked at recurring cross-cutting issues, namely research, interregional cooperation, intelligence-sharing and multilateral operations, capacity development, tackling illicit financial flows, legal cooperation and maritime trafficking. To effectively implement the Vienna Declaration, these issues must be addressed in a cohesive manner at the country, regional and global levels.

Adapting responses to evolving threats and promoting good practices

20. The discussions at the expert meeting on precursors held in Bucharest underscored the need to facilitate meetings for relevant regional hubs to discuss

precursor trafficking cases, initiate operational responses and conduct case meetings with the support of UNODC, the International Narcotics Control Board and the regional hubs. The objectives of such case meetings would be to link cases and identify and prosecute individuals and groups involved in precursor trafficking. The utilization of risk management tools and the incorporation of financial investigations into precursor investigations were areas for further action by the partnership.

21. At the expert meeting on illicit financial flows held in Belgrade, participants spoke about adapting the partnership's response to evolving threats; the need to develop strategies and techniques to reduce the risks posed by corruption to financial investigators involved in drug trafficking investigations; the importance of disrupting the criminal abuse by drug traffickers of money and value transfer services; and disrupting the use of offshore service providers by opiate traffickers. Participants identified several good practices that had been initiated under the Paris Pact initiative and needed to be promoted further. Those included the training course on Security Council resolution 1267 (1999) and other activities geared toward disrupting "contactless" drug purchases, supporting and delivering workshops on illicit financial flows to experts along all the main opiate trafficking routes, supporting and expanding asset recovery networks and further developing briefings and training on civil forfeiture.

22. In Tehran, the expert meeting on cross-border cooperation called for the study and promotion of best practices on investigative techniques, including controlled deliveries, to dismantle drug trafficking supply chains. The experts also advocated the use of existing international and regional law enforcement centres and other cooperation platforms, such as the Central Asian Regional Information and Coordination Centre, the Joint Planning Cell and the Triangular Initiative, to exchange intelligence, coordinate multinational operations and foster strengthened cooperation with financial intelligence units and prosecutorial, investigative and central authorities to target drug trafficking and related illicit financial flows. The participants stressed the importance of implementing learning programmes and training for anti-drug officers where best practices could be exchanged. Finally, they considered conducting meetings for case officers involved in investigations into multinational operations.

Enhancing evidence-based policy and strategy formulation

23. At all three expert meetings related to the supply of drugs, participants emphasized the importance of monitoring changes in opiate trafficking to enhance the partnership's common understanding of the opiate threat, of dismantling illicit drug supply chains and related illicit financial flows, and of preventing drug-related financing of terrorism.

24. The dialogue at the expert meeting on illicit financial flows emphasized the significant gaps that remained in the international community's current understanding of the opiate trafficking business model. The experts encouraged the participation of countries situated along all the major opiate trafficking routes, as well as reinforcing efforts to study areas relating to the work of the Financial Action Task Force on international money-laundering networks. Both aspects were considered essential to strengthening the responses to opiates trafficking.

B. Update on the UNODC Paris Pact programme

25. Through its Paris Pact Coordination Unit, UNODC acts as the coordinator for the Paris Pact partnership and supports it in realizing its goals. During the reporting period, the UNODC Paris Pact programme continued to supply information to partners about the threat posed by illicit opiates and promote and facilitate activities under the Paris Pact initiative, thereby linking policy and operational elements. The programme is an overarching, interthematic and interregional coordination mechanism aimed at institutionalizing partnerships. During the reporting period, the

programme, and by extension the UNODC Paris Pact Coordination Unit, has provided coordination support, interfaced with partners, facilitated the sharing of information and reported on partnership priorities.

26. During the reporting period, an in-depth midterm evaluation of the fourth phase of the programme was completed. The evaluation, managed by the Independent Evaluation Unit, exclusively addressed the programme dimension of the Paris Pact specifically designed to support the implementation of the Vienna Declaration. The Paris Pact initiative itself is considered an ongoing process in view of the continued relevance of the Vienna Declaration and the strong political support that exists for the four-pillar structure and the Paris Pact initiative as a whole.

27. The main purpose of the midterm evaluation was to take stock of best practices and lessons learned, identify areas for improvement and offer suggestions for the continuation of the fourth phase. The evaluation team identified ways to improve the programme's support to the partnership and assessed to what extent the recommendations stemming from the evaluation of the third phase (2010–2013) had been implemented.

28. The evaluation of the third phase had resulted in two sets of recommendations, one addressed to the partnership and the other to the programme. The evaluation team looked at the recommendations addressed to the partnership to the extent that those had a bearing on the coordination role carried out by the programme, and assessed to what extent they had been implemented.

29. To further refine the scope of the evaluation, several elements were excluded based on the partnership's principles, which had been reiterated with unanimous backing at the thirteenth Policy Consultative Group meeting. Excluded were the following: the requirement to take a global approach to the opiate threat, for which the Paris Pact initiative has to be global in nature; the utility of the UNODC Paris Pact programme as a global cooperation platform; the common and shared responsibility of the international community to combat opiates; the validity of the Vienna Declaration as the foundation for consensus-building and priority-setting; the balanced and comprehensive approach institutionalized within the four-pillar architecture of the Vienna Declaration; UNODC as the technical lead agency for the Paris Pact initiative in operationalizing the Vienna Declaration; and the technical assistance provided by partners, including UNODC, to support the implementation of the Vienna Declaration.

30. The results of the evaluation were disseminated through the UNODC Paris Pact programme and will be presented to the Paris Pact partnership in early March 2018 to allow for a discussion on how the programme could best support the partnership's strategy to combat opiates and inform the development of new strategic approaches.

31. Together, the expert and policy meetings described above make up the first component of the UNODC Paris Pact programme, the consultative mechanism. The two other components, the field-based research and liaison officer network, and information management, support the first and underpin the four action areas that translate the partnership's efforts into tangible action to achieve the initiative's objective.

Global dialogue

32. Through its first component, the consultative mechanism, the UNODC Paris Pact programme fosters dialogue among the 81 partners that make up the Paris Pact initiative. One of the objectives of the programme is to facilitate the comparative advantage UNODC has in leveraging the collective will of the partnership to streamline responses to the opiate threat.

33. The UNODC Paris Pact Coordination Unit, through the Paris Pact Coordinator, facilitates processes and reinforces the extensive information-sharing and communication systems already in place for the partners.

34. The Automated Donor Assistance Mechanism was initially developed by the UNODC Paris Pact programme as an Internet-based project database. In recent years, it has evolved into an active information hub with a variety of additional functionalities that cover a wide array of issues related to the Paris Pact and, in particular, the implementation of the Vienna Declaration.

35. The Paris Pact Coordination Unit has conducted a needs assessment survey among the partners to gauge their expectations of the Automated Donor Assistance Mechanism. The results were taken on board in the midterm evaluation to inform discussions about the direction the platform will take in the future.

Promotion of good practices

36. The UNODC Paris Pact programme aims to bring together all UNODC operational capacity at the global, regional and country levels, taking into consideration the outlook and goals of the programme, in particular the identification of priorities for action and the formulation of recommendations at expert meetings.

37. During the reporting period, the network of research and liaison officers continued to function as the primary point of contact in the field for the Paris Pact with respect to the four pillars of the Vienna Declaration in support of the consultative mechanism and as a complement to the UNODC Paris Pact Coordination Unit. Research and liaison officers were based in UNODC field offices along the northern and Balkan trafficking routes, operating under the supervision of the Paris Pact Coordinator.

38. The network continued to facilitate multiple UNODC programmes covering a variety of interthematic issues, thereby supporting the implementation of the Vienna Declaration. The network was closely involved with global data-collection, analysis and research initiatives spearheaded by the UNODC Research and Trend Analysis Branch. Both parties built on each other's strengths to provide the partnership with information.

39. A further example of how the UNODC Paris Pact programme promoted good practices was the close collaboration between the research and liaison officer located in Central Asia and the global, regional and country programme teams of UNODC in delivering specialized training to strengthen the research capacity of law enforcement practitioners.

Enhancing evidence-based policy and strategy formulation

40. Research has been instrumental in "connecting the dots" and creating an evidence base for action beyond the country level and in providing the Paris Pact partnership with strategic information. In countries where the Paris Pact has invested in research, there is more capacity for examining the national, regional and international dimensions of drug trafficking and for mapping drug trafficking routes and their branches.

41. During the reporting period, the network of research and liaison officers of the UNODC Paris Pact programme continued to contribute to reports and studies by the UNODC Research and Trend Analysis Branch. Examples include the *World Drug Report 2017* and the study currently under way on trafficking in opiates along the northern route, for which the network collected data and conducted research and analysis. The research function of the network remains under the technical guidance of the Research and Trend Analysis Branch.

42. The research and liaison officer network continued to provide assistance to Member States on the completion of global UNODC surveys as part of the mandated annual data-collection effort of UNODC.

43. The research and liaison officers located in Serbia and the former Yugoslav Republic of Macedonia provided data, liaison and research support to the project

"Measuring and assessing organized crime in the western Balkans" managed by the Crime Research Section of the Research and Trend Analysis Branch.

44. The 2017 Paris Pact country fact sheets, closely aligned with the *World Drug Report* cycle, were published in January 2018. They included data on indicators where reporting had traditionally been weak, reflecting the partners' commitment to sharing data and investing in their respective national information systems. This approach makes it possible to "connect the dots" and is a key to the success of the research done under the UNODC Paris Pact programme.

45. The Paris Pact, as an intergovernmental framework, can guide the choice of research topics. Research feeds directly into the expert-level dialogue, supports the setting of priorities and helps to identify organizations and countries for outreach and eventual inclusion in the partnership.

46. The fluid sharing of information and analysis and the investment in research under the UNODC Paris Pact programme have made it possible to develop the Drugs Monitoring Platform, a system that centralizes information on drug trends and generates national-level data to inform the annual reports questionnaire, as well as the *World Drug Report* and other publications.

47. The Drugs Monitoring Platform is an online tool for collecting, monitoring, mapping and sharing drug-related data. The Platform is a UNODC product jointly managed and funded under the UNODC Paris Pact programme and the Afghan Opiate Trade Project of the Research and Trend Analysis Branch. Operated by the coordination and analysis unit at the UNODC regional office for Central Asia, it supports the global data-collection process within UNODC. During the reporting period, the Drugs Monitoring Platform continued to facilitate the implementation by the Paris Pact partnership of Commission resolution 56/3.

48. During the reporting period, the updating of the Drugs Monitoring Platform continued jointly with the Afghan Opiate Trade Project. An improvement plan was developed on the basis of a needs assessment conducted among UNODC programmes and sections including the UNODC/World Customs Organization Container Control Programme, the Global Programme against Money-Laundering, the Maritime Crime Programme, the Drug Prevention and Health Branch, the Regional Section for Europe and for West and Central Asia, and other sections of the Research and Trend Analysis Branch that had expressed an interest in the Platform.

49. Upgrading the Drugs Monitoring Platform from a tool serving mainly the Research and Trend Analysis Branch and the Paris Pact to one meeting the needs of multiple stakeholders reinforces the "one UNODC" approach. The coordination and analysis unit at the UNODC regional office for Central Asia in Tashkent has initiated the enhancements outlined in the improvement plan under the supervision of the Paris Pact Coordination Unit and the Afghan Opiate Trade Project.

50. In line with the recently endorsed Secretariat-wide strategy of the Office of Information and Communications Technology regarding the online services of the United Nations, a decision was made in 2017, following a comparison of costs and available support, to relocate the Drugs Monitoring Platform to servers at United Nations Headquarters in New York.

51. During the reporting period, to address previously identified shortcomings, increase the accessibility, security and functionality of the system, and prepare the Platform for relocation to New York, new terms of use and a comprehensive access policy were defined. The migration of the Platform is strategically led by the UNODC Paris Pact programme and is ongoing.

52. Two new Platform functionalities are currently under development under the supervision of the UNODC Paris Pact programme team: a UNODC/WHO treatment facility tool, developed in consultation with the Drug Prevention and Health Branch, and a training database, developed in consultation with the Regional Section for Europe and for West and Central Asia. The training functionality will be used to

monitor participants in law enforcement training conducted under a number of UNODC projects in West and Central Asia so as to increase the efficiency of capacity-building efforts and avoid duplication.

C. Synergies

1. Paris Pact partnership

53. The Paris Pact initiative is open to all interested countries and organizations. The initiative is particularly useful as a mechanism for dialogue and for the exchange of best practices.

54. During the reporting period, the initiative gained further importance thanks to strengthened partnerships with organizations other than UNODC. Collaboration was continued and intensified with the European Police Office, the International Narcotics Control Board, the Organization for Security and Cooperation in Europe and the Southeast European Law Enforcement Centre.

55. Throughout the fourth phase of the Paris Pact initiative, newly emerging routes, patterns and trends in opiate trafficking posed ongoing and new challenges, requiring the partnership to adjust accordingly, broadening the geographical coverage of the Paris Pact to include more countries situated along drug trafficking routes and engaging in the global dialogue on opiates. New actors that were not yet partners, such as Qatar, expressed an interest in the discussions of the Paris Pact and took part in the meetings of the expert working groups held in 2017 to benefit from the partners' collective expertise and experience.

56. Such increased participation serves the objectives of the partnership by fostering interregional coordination, strengthening engagement in Paris Pact thematic operational meetings and bolstering cooperation with stakeholders across both the drug supply and demand priorities of the Vienna Declaration.

57. The strategic priorities of the Paris Pact defined at the Policy Consultative Group meeting are operationalized as part of the multiple programmes, funds, and projects delivered by members of the partnership, including UNODC.

2. UNODC

58. The primary functions of the UNODC Paris Pact programme are to facilitate political dialogue, institutionalize partnerships, foster the development of strategic priorities by the partnership and mobilize the appropriate comparative advantage of multiple UNODC interventions to align support by UNODC as a whole for implementing the four pillars of the Vienna Declaration.

59. The linkages between the UNODC Paris Pact programme and other UNODC programmes exist at two very distinct levels: the overall engagement of UNODC as an equal partner to the Paris Pact, and the facilitation of the engagement in Paris Pact processes of a multitude of UNODC global, regional and country programmes. The achievements of the programme are thus the result of multidivisional and multibranch collaborative efforts within UNODC as part of the "one UNODC" response to the implementation of the Vienna Declaration.

60. As the technical lead organization of the Paris Pact, UNODC continued to support the partnership's efforts to enhance cooperation based on the four pillars of the Vienna Declaration. The cross-thematic nature of the partnership's areas of cooperation necessitated the interregional involvement of and coordination across all divisions of UNODC.

61. The progress of the expert-level dialogue continues to be largely driven by the active involvement of UNODC thematic lead experts specialized in the four pillars of the Vienna Declaration. They represent the Organized Crime and Illicit Trafficking Branch, the Drug Prevention and Health Branch, and the UNODC country office for Afghanistan. During the reporting period, they provided technical guidance to the

expert working groups at all stages of implementation, including the development of meeting recommendations.

62. More specifically, the UNODC Paris Pact programme closely interacts with UNODC at the global, regional and country levels, including through the Regional Section for Europe and for West and Central Asia (through the regional programme for Afghanistan and neighbouring countries, the regional programme for South-Eastern Europe and the programme for Central Asia), the Justice Section (through the Maritime Crime Programme), the Organized Crime and Illicit Trafficking Branch (through its Implementation Support Section and that Section's global Container Control Programme and Global Programme on Building Effective Networks against Transnational Organized Crime; and through the Cybercrime and Anti-Money Laundering Section and that Section's Global Programme against Money-Laundering, Proceeds of Crime and the Financing of Terrorism), the Drug Prevention and Health Branch (through its Prevention, Treatment and Rehabilitation Section and all that Section's global programmes), and the Research and Trend Analysis Branch (through its Drugs Research Section and the Afghan Opiate Trade Project, the Laboratory and Scientific Section, the drugs and data development unit and the Crime Research Section through the project "Measuring and assessing organized crime in the western Balkans").

63. The UNODC regional programmes continued to play an important role in putting strategies in motion by acting as the principal operational delivery vehicles of UNODC for the Paris Pact in their respective regions.[5] The regional programme for Afghanistan and neighbouring countries, supported by efforts in the respective country programmes, is uniquely positioned to increase the coherence and effectiveness of Paris Pact partner interventions in specific countries of the region. A more intense involvement in the Paris Pact by the regional programme in the Arab States and East Africa would further support the objective of the partnership.

D. Sustainability of the UNODC Paris Pact programme

64. The fourth phase of the UNODC Paris Pact programme extends until March 2018 and is financially supported by Austria, France, India, Norway, the Russian Federation, Turkey, the United Kingdom of Great Britain and Northern Ireland and the United States of America. Discussions are under way with partners with a view to expanding the donor base to respond to the call for strengthening the initiative's collective response along all opiate drug trafficking routes.

65. Since issuing its report to the Commission on Narcotic Drugs in March 2017, the UNODC Paris Pact programme has raised approximately $460,000 from France, the Russian Federation and the United States to cover the implementation costs for the workplan for the second half of 2017 and 2018. Funding is crucial to carrying out the work of the programme.

66. The findings and recommendations of the ongoing in-depth midterm evaluation of the UNODC Paris Pact programme will be used to take stock of best practices and lessons learned for the continuation of the fourth phase, identify ways of improving the UNODC Global Programme's support to the partnership and suggest means to bolster the systematic engagement of all members of the partnership. The current total cost of the evaluation is $100,200.

[5] The draft resolution entitled "Strengthening international cooperation in combating illicit production of and trafficking in opiates originating in Afghanistan within the framework of the Paris Pact initiative" (E/CN.7/2016/L.4) was not adopted by the Commission at its fifty-ninth session owing to the lack of consensus on the phrase "opiates originating from Afghanistan". At the fifty-ninth session, Afghanistan, France and the Russian Federation each made statements confirming their continued commitment to the Paris Pact despite the lack of consensus on the specific wording.

67. Since its inception 14 years ago, the UNODC Paris Pact programme has always received the funding requested to implement its activities, as determined at the Policy Consultative Group meeting. The articulation of intended pledges by partners at the Policy Consultative Group meeting, however, would guarantee support of annual programme activities and ease planning for the year ahead. The absence of set pledges and financial commitments restricts future programme activities.

68. The Policy Consultative Group meeting remains the appropriate forum for the partnership to review the initiative's strategy, welcome new partners and determine priorities for the year ahead.

United Nations E/CN.7/2018/12-E/CN.15/2018/14

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Item 4 (b) of the provisional agenda*
Strategic management, budgetary and administrative questions: directives on policy and budgetary issues for the drug programme of the United Nations Office on Drugs and Crime

Commission on Crime Prevention and Criminal Justice
Twenty-seventh session
Vienna, 14–18 May 2018
Item 4 (b) of the provisional agenda**
Strategic management, budgetary and administrative questions: directives on policy and budgetary issues for the United Nations crime prevention and criminal justice programme

Adjustments to the consolidated budget for the biennium 2018–2019 for the United Nations Office on Drugs and Crime

Note by the Executive Director

1. The present note has been prepared pursuant to Commission on Narcotic Drugs resolution 60/10 and Commission on Crime Prevention and Criminal Justice resolution 26/5, in which the Commissions:

(a) Approved, provisionally, the projected use of general-purpose funds in the biennium 2018–2019 and requested the Executive Director of the United Nations Office on Drugs and Crime (UNODC) to revise the funding arrangement proposed for the Research and Trend Analysis Branch, as well as the Justice Section, and to present to the standing open-ended intergovernmental working group on improving the governance and financial situation of UNODC, at its formal meeting in early 2018, a revised budget that addressed that funding arrangement by redistributing resources throughout the Office, for approval by the Commissions at their regular sessions;

(b) Endorsed the programme support cost funds and special-purpose estimates, on condition that UNODC further explore best appropriation of programme support cost funds to support indirect functions of field offices, as appropriate, and that UNODC use programme support costs more broadly in headquarters and field offices, as appropriate.

2. In order to address those requests, UNODC is proposing to redeploy resources from suitable funding sources to sustain the work of the Research and Trend Analysis Branch and the Justice Section throughout the biennium. In addition to the amount of $2.4 million already budgeted under general-purpose funds in 2018, another $2.4 million will be required for these two areas in 2019.

* E/CN.7/2018/1.
** E/CN.15/2018/1.

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3. This amount would be funded as follows:

(a) Redeployment of the unallocated balance of $0.9 million under general-purpose funds originally intended for programmatic shortfalls in field offices to the Research and Trend Analysis Branch;

(b) Redeployment of $0.5 million under programme support cost funds from the Division for Management to the Research and Trend Analysis Branch;

(c) Allocation of $1.0 million out of the $2.0 million reserve for contingency under programme support cost funds to the Research and Trend Analysis Branch ($0.5 million) and to the Justice Section ($0.5 million).

4. The $0.9 million to be redeployed from general-purpose funds represents the unallocated balance of the total provision of $4.2 million budgeted to address temporary needs of field offices and preserve the integrity of the field office network. This decrease will be offset by redeploying $0.9 million of programme support cost funds from the contingency reserve to the Division for Operations. When the reserve is exhausted, unforeseen programme-related liabilities and contingencies will be covered from relevant unencumbered resources when they occur.

5. The redeployment of funds from programme support costs under the Division for Management should be possible as a result of efficiencies that the Division plans to bring about in the areas of information technology and shared support services.

6. As a result of these redeployments, the consolidated budget for the biennium 2018–2019 for UNODC would be adjusted as reflected in tables 1–3 below.

Table 1
General-purpose funds: revised expenditure estimates by main area of work
(Millions of United States dollars)

	Initial budget, 2018–2019	*Adjustments*	*Revised estimates, 2018–2019*
A. Executive direction and management	**0.4**	**-**	**0.4**
B. Programme of work			
Countering transnational organized crime	0.5	-	0.5
Justice	0.5	-	0.5
Research, trend analysis and forensics	1.9	0.9	2.8
Policy support	1.5	-	1.5
Technical cooperation and field support	4.2	(0.9)	3.3
Subtotal, programme of work	**8.6**	**-**	**8.6**
Total	**9.0**	**-**	**9.0**

Table 2
Programme support cost funds: revised expenditure estimates by main area of work
(Millions of United States dollars)

	Initial budget, 2018–2019	*Adjustments*	*Revised estimates, 2018–2019*
A. Executive direction and management	**4.0**	**-**	**4.0**
B. Programme of work			
Countering transnational organized crime	1.7	-	1.7
A comprehensive and balanced approach to countering the world drug problem	0.3	-	0.3
Countering corruption	0.4	-	0.4
Terrorism prevention	0.1	-	0.1

	Initial budget, 2018–2019	*Adjustments*	*Revised estimates, 2018–2019*
Justice	-	0.5	0.5
Research, trend analysis and forensics	0.7	1.0	1.7
Policy support	5.1	-	5.1
Technical cooperation and field support	10.2	(1.0)	9.2
Subtotal, programme of work	**18.5**	**0.5**	**19.0**
C. Programme support			
Division for Management	27.4	(0.5)	26.9
Subtotal, programme support	**27.4**	**(0.5)**	**26.9**
Total	**49.9**	**-**	**49.9**

Table 3
Revised expenditure estimates, 2018 and 2019
(Thousands of United States dollars)

Fund category	*2018*	*2019*	*2018–2019*
A. General-purpose			
Post	4 261.2	3 190.4	7 451.6
Non-post	1 343.2	243.7	1 586.9
Subtotal	**5 604.4**	**3 434.1**	**9 038.5**
B. Special-purpose			
Drug programme	206 228.9	161 548.6	367 777.4
Crime programme	159 196.5	145 464.6	304 661.1
Subtotal	**365 425.4**	**307 013.2**	**672 438.6**
C. Programme support cost			
Post	18 901.0	20 570.6	39 471.6
Non-post	5 624.0	4 784.5	10 408.5
Subtotal	**24 525.0**	**25 355.1**	**49 880.1**
D. Regular budget[a]			
Post	16 925.7	16 843.1	33 768.8
Non-post	4 004.5	3 663.6	7 668.1
Subtotal	**20 930.2**	**20 506.7**	**41 436.9**
Total	**416 485.0**	**356 309.1**	**772 794.1**

[a] Reflects the amount approved by the General Assembly in its resolution 72/263 A.

7. Throughout the biennium, in order to ensure the solvency of the Fund of the United Nations International Drug Control Programme and the United Nations Crime Prevention and Criminal Justice Fund, the fund balances will be closely monitored.

8. In order for this budget to be sustainable, UNODC continues to count on the support of Member States to ensure predictable funding for activities under the general-purpose funds.

9. In December 2018, the Executive Director will report to the Commissions on the funding situation of UNODC in the report on the implementation of the consolidated budget for the biennium 2018–2019.

10. For the Fund of the United Nations International Drug Control Programme, the Commission on Narcotic Drugs is requested to approve the projected use of general-purpose funds in the biennium 2018–2019 and to endorse the estimates for programme support cost funds and special-purpose funds as indicated in table 4 below.

Table 4
Resource projections for the Fund of the United Nations International Drug Control Programme

	Resources (thousands of United States dollars)		*Posts*	
Category	*Initial budget 2018–2019*	*Revised estimates 2018–2019*	*Approved budget 2018–2019*	*Revised estimates 2018–2019*
General-purpose				
Post	4 748.8	5 565.6	16	16
Non-post	1 385.6	885.6	—	—
Subtotal	**6 134.4**	**6 451.2**	**16**	**16**
Special-purpose	**367 777.4**	**367 777.4**	**135**	**135**
Subtotal	**367 777.4**	**367 777.4**	**135**	**135**
Programme support cost				
Post	19 620.5	20 437.3	67	67
Non-post	5 221.8	4 470.0	—	—
Subtotal	**24 842.3**	**24 907.3**	**67**	**67**
Total	**398 754.1**	**399 135.9**	**218**	**218**

11. For the United Nations Crime Prevention and Criminal Justice Fund, the Commission on Crime Prevention and Criminal Justice is requested to approve the proposed use of general-purpose funds in the biennium 2018–2019 and to endorse the estimates for programme support cost funds and special-purpose funds as indicated in table 5 below.

Table 5
Resource projections for the United Nations Crime Prevention and Criminal Justice Fund

	Resources (thousands of United States dollars)		*Posts*	
Category	*Initial budget 2018–2019*	*Revised estimates 2018–2019*	*Approved budget 2018–2019*	*Revised estimates 2018–2019*
General-purpose				
Post	1 783.9	1 886.0	6	6
Non-post	1 120.3	701.4	—	—
Subtotal	**2 904.1**	**2 587.3**	**6**	**6**
Special-purpose	**304 661.1**	**304 661.1**	**238**	**238**
Subtotal	**304 661.1**	**304 661.4**	**238**	**238**
Programme support cost				
Post	18 510.5	19 034.3	63	63
Non-post	6 527.3	5 938.5	—	—
Subtotal	**25 037.8**	**24 972.8**	**63**	**63**
Total	**332 603.0**	**332 221.2**	**307**	**307**

Annex I

Draft resolution on the budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme for adoption by the Commission on Narcotic Drugs

Pursuant to Commission on Narcotic Drugs resolution 60/10, the following draft resolution is recommended to the Commission on Narcotic Drugs for adoption.

Budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme

The Commission on Narcotic Drugs,

Exercising the administrative and financial functions entrusted to it by the General Assembly in its resolution 46/185 C, section XVI, paragraph 2, of 20 December 1991,

Having considered the report of the Executive Director of the United Nations Office on Drugs and Crime containing the proposed budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme[1] and the related recommendations of the Advisory Committee on Administrative and Budgetary Questions,[2]

Recalling its resolution 60/10 of 8 December 2017,

Having considered the note by the Executive Director on the adjustments to the consolidated budget for the biennium 2018–2019 for the Office,[3]

1. *Notes* the adjustments proposed to the budget for the biennium 2018–2019 for the Fund of the United Nations International Drug Control Programme;

2. *Approves* the projected use of general-purpose funds in the biennium 2018–2019, and endorses the estimates for programme support cost funds and special-purpose funds, as indicated in the table below.

Resource projections for the Fund of the United Nations International Drug Control Programme

	Resources (thousands of United States dollars)		*Posts*	
Category	*Initial budget, 2018–2019*	*Revised estimates, 2018–2019*	*Approved budget, 2018–2019*	*Revised estimates, 2018–2019*
General-purpose				
Post	4 748.8	5 565.6	16	16
Non-post	1 385.6	885.6	—	—
Subtotal	**6 134.4**	**6 451.2**	**16**	**16**
Special-purpose	**367 777.4**	**367 777.4**	**135**	**135**
Subtotal	**367 777.4**	**367 777.4**	**135**	**135**

[1] E/CN.7/2017/12-E/CN.15/2017/14.
[2] E/CN.7/2017/13-E/CN.15/2017/15.
[3] E/CN.7/2018/12-E/CN.15/2018/14.

Category	Resources (thousands of United States dollars)		Posts	
	Initial budget, 2018–2019	*Revised estimates, 2018–2019*	*Approved budget, 2018–2019*	*Revised estimates, 2018–2019*
Programme support cost				
Post	19 620.5	20 437.3	67	67
Non-post	5 221.8	4 470.0	—	—
Subtotal	**24 842.3**	**24 907.3**	**67**	**67**
Total	**398 754.1**	**399 135.9**	**218**	**218**

Annex II

Draft resolution on the budget for the biennium 2018–2019 for United Nations Crime Prevention and Criminal Justice Fund for adoption by the Commission on Crime Prevention and Criminal Justice

Pursuant to Commission on Crime Prevention and Criminal Justice resolution 26/5, the following draft resolution is recommended to the Commission on Crime Prevention and Criminal Justice for adoption.

Budget for the biennium 2018–2019 for the United Nations Crime Prevention and Criminal Justice Fund

The Commission on Crime Prevention and Criminal Justice,

Exercising the administrative and financial functions entrusted to it by the General Assembly in its resolution 61/252 of 22 December 2006,

Having considered the report of the Executive Director of the United Nations Office on Drugs and Crime containing the proposed budget for the biennium 2018–2019 for the United Nations Crime Prevention and Criminal Justice Fund[1] and the related recommendations of the Advisory Committee on Administrative and Budgetary Questions,[2]

Recalling its resolution 26/5 of 8 December 2017,

Having considered the note by the Executive Director on the adjustments to the consolidated budget for the biennium 2018–2019 for the Office,[3]

1. *Notes* the adjustments proposed to the budget for the biennium 2018–2019 for the United Nations Crime Prevention and Criminal Justice Fund;

2. *Approves* the projected use of general-purpose funds in the biennium 2018–2019, and endorses the estimates for programme support cost funds and special-purpose funds, as indicated in the table below.

Resource projections for the Crime Prevention and Criminal Justice Fund

	Resources (thousands of United States dollars)		*Posts*	
Category	*Initial budget, 2018–2019*	*Revised estimates, 2018–2019*	*Approved budget, 2018–2019*	*Revised estimates, 2018–2019*
General-purpose				
Post	1 783.9	1 886.0	6	6
Non-post	1 120.3	701.4	—	—
Subtotal	**2 904.1**	**2 587.3**	**6**	**6**
Special-purpose	**304 661.1**	**304 661.1**	**238**	**238**
Subtotal	**304 661.1**	**304 661.4**	**238**	**238**
Programme support cost				
Post	18 510.5	19 034.3	63	63
Non-post	6 527.3	5 938.5	—	—
Subtotal	**25 037.8**	**24 972.8**	**63**	**63**
Total	**332 603.0**	**332 221.2**	**307**	**307**

[1] E/CN.7/2017/12-E/CN.15/2017/14.
[2] E/CN.7/2017/13-E/CN.15/2017/15.
[3] E/CN.7/2018/12-E/CN.15/2018/14.